

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	70891	6/2/10
O.I.P.E. CLASSIFIER		21	6/10/10
FORMALITY REVIEW		6/11/10	8-8-00
RESPONSE FORMALITY REVIEW		6/11/10	8-30-10

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	6/2/10
2	✓	✓	6/2/10
3	✓	✓	6/2/10
4	✓	✓	6/2/10
5	✓	✓	6/2/10
6	✓	✓	6/2/10
7	✓	✓	6/2/10
8	✓	✓	6/2/10
9	✓	✓	6/2/10
10	✓	✓	6/2/10
11	✓	✓	6/2/10
12	✓	✓	6/2/10
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45	✓	✓	6/2/10
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47	✓	✓	6/2/10
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49	✓	✓	6/2/10
50	✓	✓	6/2/10

Claim	Final	Original	Date
51	✓	✓	6/2/10
52	✓	✓	6/2/10
53	✓	✓	6/2/10
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56	✓	✓	6/2/10
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100	✓	✓	6/2/10

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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